TA-W1022 (02/2016)



## Office of Construction Management - Compliance Unit P.O. Box 189 Albany, NY 12201-0189

Page	1	of	
ruge	_	0.	

## **UTILIZATION PLAN FOR ALL SUBCONTRACTORS**

**Purpose:** This form is completed by the contractor for the utilization of all subcontractors, suppliers and trucking firms.

INSTRUCTIONS: Complete form and submit within 10 days after bid opening.

	Complete form and submit within 10 days after bid opening.							
Contractor Name and Address		Federal ID	Federal ID No.		Contract No	Contract Numbers		
					TA No.	D N	). T	
	List <b>all</b> Subcontractors, Suppliers and Trucking Firms		Certification Status	Submissio	n Items Sup	of Work, Services, or plies to be Provided	Agre Am	ement nount
Name								
Address _								
Phone No.	Federal ID No.						\$	
Name _								
Address _								
Phone No.	Federal ID No.						\$	
Name _								
Address _								
Phone No.	Federal ID No.						\$	
Name _								
Address _								
Phone No.	Federal ID No.						\$	
Name _								
Address _								
Phone No.	Federal ID No.						\$	
Name _								
Address _								
Phone No.	Federal ID No.						\$	
Prepared by:								
	Signature	Pl	hone No.		9	Sub Total From Page 2	\$	
	Title	Date	Submitted			Grand Total	\$	

## UTILIZATION PLAN FOR ALL SUBCONTRACTORS

Page	of
I auc	OI .

	List <b>all</b> Subcontractors, Suppliers and Trucking Firms	Certification Status	Submission	Items of Work, Some	ervices or Provided	Agreement Amount
Name						
Address		_				
Phone No.	Federal ID No.					\$
Name		_				
Address		_				
Phone No.	Federal ID No.					\$
Name						
Address						
Phone No.	Federal ID No.					\$
Name						
Address						
Phone No.	Federal ID No.					\$
Name						
Address						
Phone No.	Federal ID No.					\$
Name						
Address		_				
Phone No.	Federal ID No.					\$
Name						
Address		_				
Phone No.	Federal ID No.					\$
Name						
Address		_				
Phone No.	Federal ID No.					\$
Compliance Unit (	Comments:					
					Sub Total	\$